



THE COMMONWEALTH OF MASSACHUSETTS
Board of Building Regulations and Standards
Home Improvement Contractor Registration Program
One Ashburton Place, Room 1301
Boston, MA 02108

Application for Renewal of Registration as a Home Improvement
Contractor or Subcontractor - MGL Chapter 142A, 780 CMR R6

(PLEASE READ BOTH SIDES CAREFULLY)

Present Registration No: _____
Effective Date: _____
Expiration Date: _____
Date Entered: _____

1. BUSINESS NAME: _____
Print the name in which the applicant is conducting **business** (SEE BACK OF FORM)

2. Mailing Address: _____ (_____) _____ - _____
Area Code Telephone Number

3. City: _____ State: _____ Zip: _____

4. Street Address (if different): _____
(Print street and Number, a P.O. Box is not acceptable for address) City _____ State _____ Zip _____

5. Applicant type: ☐ Individual ☐ DBA ☐ Partnership ☐ Trust ☐ Private Corporation ☐ Public Corporation
☐ Limited Liability Partnership ☐ Limited Liability Corporation

Please Check One (See instructions on back regarding enclosing a city or town registration under DBA or "fictitious name" law - MGL c 110, § 5 & 6)

6. Social Security or Federal ID Number: _____ (see back) 7. Number of Employees _____
(See back of Form)

8. Have you registered previously under this law?
If so, under what? _____ Registration No: _____

9. Individual responsible for Home Improvement Contracts: _____
(See back of form) Last First MI Social Security No.

10. Title of individual responsible for Home Improvement Contracts: _____

11. Does the applicant or responsible individual hold any other construction related state, city, town licenses or registrations? ☐ Yes ☐ No

Type of License or registration	Issued By	License or registration #	Expiration Date	Name of License Holder

12. List all partners, trustees, officers, directors and major owners (10% or greater of ownership) of an applicant partnership or corporation below. Use additional paper if necessary. (See instructions below) Check here if you wish to receive an application for additional ID cards for key persons. ☐

Last	First	MI	Title in Applicant Business	% Owner	Address

13. Is the applicant claiming exemption from the registration fee? (See the instructions on the back) _____ ☐ Yes ☐ No

14. Registration fee enclosed: \$ _____ (see note #1, on back) Guaranty Fund fee enclosed: \$ _____ (see note #2, on back)
If necessary, include two separate **certified checks or money orders** - one marked "Registration Fee"; one marked "Guaranty Fund". See instructions on back for amount of fees. Make all certified checks or money orders payable to "Commonwealth of Massachusetts". **NO PERSONAL OR BUSINESS CHECKS WILL BE ACCEPTED UNLESS THEY ARE CERTIFIED.**

Pursuant to Massachusetts General Laws Chapter 62C § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief have filed all state tax returns and paid all state taxes required under law.

Signature of applicant or applicant's representative

Title held with applicant

Date